## **Pre-Two Year Claiming Adjustments Report**

**Topic:** FM04a: Reimbursement

Report ID: FM04a08

**Report Content:** This report summarizes claims that are two years and older, made on behalf of children in two major categories: Title IV-E and Title XIX. The Title IV-E component is further broken into four sub categories: Foster Homes, Group Homes, RCCs, and Adoptive Homes. The report provides information for Statewide Foster Care and Adoptions, Milwaukee and Non-Milwaukee.

The report looks at claiming adjustments that need to occur for cost of care that was incurred over two years ago. It compares the current claims (taking into account eligibility changes, trust account changes, provider eligibility changes etc) with the claims that were made in the past. The report provides information on the amount that was overclaimed from the Federal governments. The state is responsible to the Federal government for any over-claiming on cost of care expenses that may have occurred. As the state can be reimbursed for payments made upto two years prior only, the report does not take into account under-claiming that may have occurred over two years ago or any claims that could be made within the two-year time-frame.

**Dependencies:** FM04a – Title IV-E Reimbursement batch program needs to be complete its cycle.

**Frequency:** Monthly.

Runtime Parameters: From Date, To Date.

Selection Criteria: Refer to individual fields listed below in the report and detailed design document.

Sort Criteria: None.

Page Breaks: None.

**Output Data:** For the dates specified, list the amount that has been over-claimed for a period prior to two years. The output data provides aggregate numbers on the cost of care expenses over two years old on which there has been overclaiming. The figures reflected will be negative where an amount has been overclaimed and a refund effectively is due to the government.

Audience: DHFS fiscal staff.

**Business Intent:** Allows financial staff to evaluate old claims that need to be reimbursed to the Federal government.

\$9,999,999.99-

	+	1	10	20	30	40	50	60 ++	70 ++-	80	90	100	110	120	130	
+		MM/DD/CCYY HH:MM PM						Wisconsin Department of Health and Family Ser Division of Children and Family Services								
						Pre-Two	Year Cl	aiming <i>P</i>	Adjustmen	s Mad	e Betwee	n MM/DD/	CCYY and	MM/DD/	CCYY	
	State	Foster	Care	and Adopt	ion Amou	ınt		IV	′-E	Σ	KIX			Total		
		a. 1	Foster	Homes				\$9,99	9,999.99-	-				\$9,99	9,999.99-	
		b. 0	Group I	Homes				\$9,99	9,999.99-	-				\$9,99	9,999.99-	
		c. 1	Resider	ntial Care	e Center	s		\$9,99	9,999.99-	\$9	,999,999	.99-		\$9,99	9,999.99-	
		d. 1	Non-Red	curring Ad	doption	Expenses	s (50/50	) \$9,99	9,999.99-					\$9,99	9,999.99-	
		e. <i>i</i>	Adoptio	on Assista	ance			\$9,99	99,999.99-					\$9,99	9,999.99-	
			То	tal Amoun	t for th	ne Perio	od	\$99,9	99,999.99	- \$99	9,999,99	9.99-		\$99,9	99,999.99-	
	Milwa	ukee Pa	yment	Amounts				IV	-E	Σ	XIX			Total		
		a. 1	Foster	Homes				\$9,99	9,999.99	-				\$9,99	9,999.99-	
		b. 0	Group E	Homes				\$9,99	9,999.99-	-				\$9,99	9,999.99-	
		c. l	Resider	ntial Care	e Center	s		\$9,99	9,999.99-	\$9	,999,999	.99-		\$9,99	9,999.99-	
			То	tal Amoun	t for th	ne Perio	od	\$99,9	99,999.99	- \$99	9,999,99	9.99-		\$99,9	99,999.99-	
	Non-M	Iilwauke	e Co.	Payment A	mounts			IV	'-E	>	ΚΙΧ			Total		
		a. 1	Foster	Homes					9,999.99						9,999.99-	
			Group I					. ,	9,999.99						9,999.99-	

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c. Residential Care Centers

\$9,999,999.99- \$9,999,999.99-

		Total Amount for the Period			iod	\$99,99	99,999.99-	\$99,999,999.99-			\$99,999	\$99,999,999.99-			
1	1.0	20	30	40	50	60	70	80	90	100	110	120	130		
	10	20		10			, 0		20	100	110	120	130		

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## Report Information:

Item	Description							
Topic Name	FM04a – Reimbursement							
Report Title	Pre-Two Year Claiming Adjustments Report							
From Date - To Date		Claiming Adjustments Made Between MM/DD/CCYY and MM/DD/CCYY						
<b>Detail Lines</b>								
State Foster Care and Adoption Assistance								
Foster Homes		Display WS-FH-STATE-AMT as a negative value.						
Total (Foster Homes)		Display WS-FH-STATE-AMT as a negative value.						
Group Homes		Display WS-GH-STATE-AMT as a negative value						
Total (Group Homes)		Display WS-GH-STATE-AMT as a negative value						
RCCs (Title IV-E)		Display WS-RCC-FED-STATE-AMT as a negative value						
RCCs (Title XIX)		Display WS-RCC-XIX-STATE-AMT as a negative value						
Total (RCCs)		Sum WS-RCC-FED-STATE-AMT and WS-RCC-XIX-STATE-AMT. Display WS-RCC-STATE-AMT as a negative value.						
Non-Recurring Adoption Expenses (50/50)		Display WS-50-50-STATE-AMT as a negative value.						

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